

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL FORM
(only for new nonprovisional applications under 37 CFR 1.53(b))

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231
BOX: PATENT APPLICATION

SIR:

Transmitted herewith for filing is the patent application (including Specification, Claims, and Abstract, 54 pages) of:

Inventors : Gary A. Schultz, Sheng Zhang, and Colleen K. Van Pelt

For : DETECTION OF SINGLE NUCLEOTIDE POLYMORPHISMS

***If a CONTINUING APPLICATION, please mark where appropriate and supply the requisite information below and in a preliminary amendment:*

☐ continuation ☐ divisional ☐ Continuation-In-Part (CIP)
of prior application Serial No. _____

Prior application information: Examiner :
Art Unit :

Enclosed are:

☒ 22 sheets of informal drawings.

☐ **Signed** Combined Declaration and Power of Attorney (____ pages).

☐ **Copy** of **signed** Combined Declaration and Power of Attorney (____ pages) from a prior application (1.63(d) (for continuation/divisional).

☐ **Signed** statement deleting inventor(s) named in prior application (____ pages) (1.63(d)(2) and 1.33(b)).

☐ **Incorporation By Reference:** The entire disclosure of the prior application, from which a **copy** of the oath or declaration is supplied herewith, is considered as being part of the disclosure of the enclosed application and is hereby incorporated by reference therein.

☐ Assignment (____ pages) of the invention to _____.

☐ Assignment Transmittal Letter.

☐ Certified copy of a foreign priority document.

☐ Associate power of attorney.

☒ Applicants claim small entity status. (See 37 CFR 1.27.)

☐ Preliminary Amendment (____ pages).

- ☐ Information Disclosure Statement, form PTO-1449 (_____ pages) and _____ references.
- ☒ **UNSIGNED** Combined Declaration and Power of Attorney (2 pages).
- ☐ Statement in Accordance with 37 CFR § 1.821(f) and computer readable 3.5" Diskette.
- ☒ A self-addressed, prepaid postcard acknowledging receipt.
- ☐ Other:



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BASIC FEE	XXXXXXXX	XXXXXXXX	XXXX	\$355	OR	XXXX	\$710
TOTAL CLAIMS	53 - 20 =	33	x 9 =	\$297	OR	x 18 =	\$
INDEP CLAIMS	4 - 3 =	1	x 40 =	\$40	OR	x 80 =	\$
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			x 135 =	\$	OR	x 270 =	\$
			TOTAL	\$692	OR	TOTAL	\$

*If the Total Claims are less than 20 and Indep. Claims are less than 3, enter "0" in Col. 2

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